

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO.

9-445 223

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
	IND.	DEP.	IND.	DEP.	IND.	DEP.	INC.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1									
2		1		1								
3		2		1								
4		2		1								
5		1		1								
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11		2		2								
12		1		1								
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15		2		2								
16		1		1								
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48												
49												
50												
TOTAL IND.	6		5									
TOTAL DEP.	35		36									
TOTAL CLAIMS	41		41									
51												
52												
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99												
100												
TOTAL IND.												
TOTAL DEP.												
TOTAL CLAIMS												

BEST AVAILABLE COPY

PTO-1380 (3-78)